



1 S 2997-G. LEGISLATIVE INTENT. THE LEGISLATURE HEREBY FINDS AND  
2 DECLARES THAT IT IS IN THE PUBLIC INTEREST TO ENACT A STATEWIDE SAFE  
3 PATIENT HANDLING POLICY FOR HEALTH CARE FACILITIES IN NEW YORK STATE.  
4 WITHOUT SAFE PATIENT HANDLING LEGISLATION, IT IS PREDICTED THAT THE  
5 DEMAND FOR NURSING SERVICES WILL EXCEED THE SUPPLY BY NEARLY THIRTY  
6 PERCENT BY THE YEAR TWO THOUSAND TWENTY THUS DECREASING THE QUALITY OF  
7 HEALTH CARE IN NEW YORK STATE. THERE ARE MANY BENEFITS THAT CAN BE  
8 DERIVED FROM SAFE PATIENT HANDLING PROGRAMS. PATIENTS BENEFIT THROUGH  
9 IMPROVED QUALITY OF CARE AND QUALITY OF LIFE BY REDUCING THE RISK OF  
10 FALLS, BEING DROPPED, FRICTION BURNS, SKIN TEARS AND BRUISES. CAREGIVERS  
11 BENEFIT FROM THE REDUCED RISK OF CAREER ENDING AND DEBILITATING INJURIES  
12 LEADING TO INCREASED MORALE, IMPROVED JOB SATISFACTION AND LONGEVITY IN  
13 THE PROFESSION. HEALTH CARE FACILITIES REALIZE A QUICK RETURN ON THEIR  
14 INVESTMENT THROUGH REDUCED WORKERS' COMPENSATION MEDICAL AND INDEMNITY  
15 COSTS, REDUCED LOST WORKDAYS AND IMPROVED RECRUITMENT AND RETENTION OF  
16 CAREGIVERS. ALL OF THIS WILL LEAD TO FISCAL IMPROVEMENT IN HEALTH CARE  
17 IN NEW YORK STATE.

18 S 2997-H. DEFINITIONS. FOR THE PURPOSES OF THIS TITLE:

19 1. "HEALTH CARE FACILITY" SHALL MEAN ANY INDIVIDUAL, PARTNERSHIP,  
20 ASSOCIATION, CORPORATION, LIMITED LIABILITY COMPANY OR ANY PERSON OR  
21 GROUP OF PERSONS ACTING DIRECTLY OR INDIRECTLY ON BEHALF OF OR IN THE  
22 INTEREST OF AN EMPLOYER THAT PROVIDES HEALTH CARE SERVICES IN A FACILITY  
23 LICENSED OR OPERATED PURSUANT TO ARTICLE TWENTY-EIGHT, TWENTY-EIGHT-A OF  
24 THIS CHAPTER, ARTICLE EIGHT OR TITLE EIGHT OF THE EDUCATION LAW, ARTICLE  
25 NINETEEN-G OF THE EXECUTIVE LAW, THE CORRECTION LAW, OR FACILITIES OPER-  
26 ATED BY THE STATE AS DEFINED IN ARTICLE SEVEN, THIRTEEN OR NINETEEN OF  
27 THE MENTAL HYGIENE LAW INCLUDING ANY FACILITY OPERATED BY THE STATE OR A  
28 PUBLIC BENEFIT CORPORATION AS DEFINED BY SECTION SIXTY-SIX OF THE GENER-  
29 AL CONSTRUCTION LAW; PROVIDED THAT THE PROVISIONS OF THIS TITLE SHALL  
30 NOT APPLY TO ANY FACILITY OPERATED OR FUNDED BY ANY MUNICIPAL CORPO-  
31 RATION, AS DEFINED IN SECTION TWO OF THE GENERAL MUNICIPAL LAW, EXCEPT  
32 THAT SUCH PROVISIONS SHALL APPLY TO FACILITIES LICENSED OR OPERATED BY  
33 ANY POLITICAL SUBDIVISION OF THE STATE PURSUANT TO ARTICLE TWENTY-EIGHT  
34 OR TWENTY-EIGHT-A OF THIS CHAPTER.

35 2. "NURSE" SHALL MEAN A REGISTERED PROFESSIONAL NURSE OR A LICENSED  
36 PRACTICAL NURSE AS DEFINED BY ARTICLE ONE HUNDRED THIRTY-NINE OF THE  
37 EDUCATION LAW.

38 3. "DIRECT CARE WORKER" SHALL MEAN ANY EMPLOYEE OF A HEALTH CARE  
39 FACILITY THAT IS RESPONSIBLE FOR PATIENT HANDLING OR PATIENT ASSESSMENT  
40 AS A REGULAR OR INCIDENTAL PART OF THEIR EMPLOYMENT, INCLUDING ANY  
41 LICENSED OR UNLICENSED HEALTH CARE WORKER.

42 4. "EMPLOYEE REPRESENTATIVE" SHALL MEAN THE RECOGNIZED OR CERTIFIED  
43 COLLECTIVE BARGAINING AGENT FOR NURSES OR DIRECT CARE WORKERS OF A  
44 HEALTH CARE FACILITY.

45 5. "SAFE PATIENT HANDLING" SHALL MEAN THE USE OF ENGINEERING CONTROLS,  
46 LIFTING AND TRANSFER AIDS, OR ASSISTIVE DEVICES, BY NURSES OR DIRECT  
47 CARE WORKERS TRANSFERRING AND REPOSITIONING OF HEALTH CARE PATIENTS AND  
48 RESIDENTS IN HEALTH CARE FACILITIES.

49 6. (A) "FACILITY SAFE PATIENT HANDLING POLICY" SHALL INCLUDE:

50 (I) A WRITTEN POLICY STATEMENT; AND

51 (II) MANAGEMENT COMMITMENT AND EMPLOYEE INVOLVEMENT; AND

52 (III) COMMITTEES; AND

53 (IV) A FACILITY SAFE PATIENT HANDLING PROGRAM.

54 (B) "FACILITY SAFE PATIENT HANDLING PROGRAM" SHALL INCLUDE:

55 (I) RISK ASSESSMENTS; AND

56 (II) INCIDENT INVESTIGATION; AND

1 (III) RECOMMENDATIONS REGARDING PROCUREMENT OF ENGINEERING CONTROLS,  
2 LIFTING AND TRANSFER AIDS OR ASSISTIVE DEVICES TO ENSURE SAFE PATIENT  
3 HANDLING; AND

4 (IV) EMPLOYEE TRAINING AND EDUCATION ON SAFE PATIENT HANDLING; AND

5 (V) PROGRAM EVALUATION AND MODIFICATION.

6 S 2997-I. STATEWIDE SAFE PATIENT HANDLING WORK GROUP. 1. A STATEWIDE  
7 SAFE PATIENT HANDLING WORK GROUP IS HEREBY CREATED WITHIN THE DEPART-  
8 MENT. SUCH WORK GROUP SHALL CONSIST OF, AT MINIMUM, THE COMMISSIONER OR  
9 HIS OR HER DESIGNEE; THE COMMISSIONER OF LABOR OR HIS OR HER DESIGNEE;  
10 REPRESENTATIVES OF HEALTH CARE ORGANIZATIONS, REPRESENTATIVES FROM  
11 EMPLOYEE ORGANIZATIONS REPRESENTING NURSES AND REPRESENTATIVES FROM  
12 EMPLOYEE ORGANIZATIONS REPRESENTING DIRECT CARE WORKERS; REPRESENTATIVES  
13 WHO ARE CERTIFIED ERGONOMIST EVALUATION SPECIALISTS AND REPRESENTATIVES  
14 WHO HAVE EXPERIENCE IN OCCUPATIONAL HEALTH AND SAFETY.

15 2. WORK GROUP MEMBERS SHALL RECEIVE NO COMPENSATION FOR THEIR  
16 SERVICES, BUT SHALL BE REIMBURSED FOR ACTUAL AND NECESSARY EXPENSES  
17 INCURRED IN THE PERFORMANCE OF THEIR DUTIES.

18 3. THE WORK GROUP SHALL BE ESTABLISHED NO LATER THAN JANUARY FIRST,  
19 TWO THOUSAND FIFTEEN.

20 4. THE WORK GROUP SHALL:

21 (A) PREPARE A STATEWIDE POLICY STATEMENT OUTLINING THE REQUIREMENT OF  
22 A COMPREHENSIVE SAFE PATIENT HANDLING PROGRAM TO BE IMPLEMENTED AT ALL  
23 HEALTH CARE FACILITIES, AS DEFINED IN SUBDIVISION ONE OF SECTION TWEN-  
24 TY-NINE HUNDRED NINETY-SEVEN-H OF THIS TITLE. THE POLICY STATEMENT  
25 SHALL OUTLINE THE REQUIREMENTS FOR DEVELOPING AND IMPLEMENTING A SAFE  
26 PATIENT HANDLING PROGRAM THAT MUST INCLUDE ALL ELEMENTS SPECIFIED IN  
27 SUBDIVISION SIX OF SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-H OF THIS  
28 TITLE;

29 (B) REVIEW EXISTING SAFE PATIENT HANDLING PROGRAMS OR POLICIES,  
30 INCLUDING DEMONSTRATION PROGRAMS PREVIOUSLY AUTHORIZED BY CHAPTER SEVEN  
31 HUNDRED THIRTY-EIGHT OF THE LAWS OF TWO THOUSAND FIVE;

32 (C) CONSULT WITH ANY ORGANIZATION, EDUCATIONAL INSTITUTION, OTHER  
33 GOVERNMENT ENTITY OR AGENCY OR PERSON;

34 (D) IDENTIFY OR DEVELOP TRAINING MATERIALS AND PROCEDURES WITH REGARD  
35 TO THE EQUIPMENT OR TECHNOLOGY RECOMMENDED BY THE STATEWIDE POLICY;

36 (E) REVIEW RULES AND REGULATIONS PRIOR TO ADOPTION BY THE DEPARTMENT;

37 (F) REVIEW AND UPDATE THE POLICY STATEMENT ON A BI-ANNUAL BASIS;

38 (G) SERVE AS A RESOURCE FOR THE HEALTH CARE FACILITIES' SAFE PATIENT  
39 HANDLING COMMITTEES, PURSUANT TO SECTION TWENTY-NINE HUNDRED NINETY-SEV-  
40 EN-K OF THIS TITLE;

41 (H) ENGAGE IN CONSULTATION AND MAKE RECOMMENDATIONS RELATED TO THE  
42 FEASIBILITY OF ESTABLISHING A STATEWIDE SAFE PATIENT HANDLING POLICY  
43 APPLICABLE TO HEALTH CARE FACILITIES LICENSED OR OPERATED PURSUANT TO  
44 ARTICLE THIRTY-SIX OF THIS CHAPTER; AND

45 (I) SUBMIT A REPORT TO THE COMMISSIONER BY JULY FIRST, TWO THOUSAND  
46 FIFTEEN IDENTIFYING SAFE PATIENT HANDLING PROGRAM ELEMENTS AND RECOMMEN-  
47 DATIONS OF SAFE PATIENT LIFTING EQUIPMENT, TECHNIQUES OR DEVICES.

48 5. ALL STATE DEPARTMENTS, COMMISSIONS, AGENCIES AND PUBLIC AUTHORITIES  
49 SHALL PROVIDE THE WORK GROUP WITH ANY REASONABLY REQUESTED ASSISTANCE OF  
50 ADVICE IN A TIMELY MANNER.

51 S 2997-J. STATEWIDE SAFE PATIENT HANDLING POLICY. 1. ON OR BEFORE  
52 JANUARY FIRST, TWO THOUSAND SIXTEEN THE COMMISSIONER, IN CONSULTATION  
53 WITH THE WORK GROUP, SHALL PROMULGATE AND DISSEMINATE RULES, REGULATIONS  
54 AND A STATEWIDE SAFE PATIENT HANDLING POLICY TO HEALTH CARE FACILITIES  
55 COVERED BY THIS TITLE.

2. THE STATEWIDE SAFE PATIENT HANDLING POLICY SHALL INCLUDE RECOMMENDATIONS REGARDING THE APPROPRIATE UTILIZATION OF SAFE PATIENT HANDLING EQUIPMENT AND STRATEGIES; AND TO FACILITATE PATIENTS AND RESIDENTS REACHING THE HIGHEST PRACTICAL FUNCTIONAL LEVEL WHILE SIMULTANEOUSLY PROVIDING FOR THE SAFETY OF THE PATIENTS AND THE HEALTH CARE WORKER. THE STATEWIDE SAFE PATIENT HANDLING POLICY SHALL INCLUDE RECOMMENDED STANDARDS WITH REGARD TO:

(A) THE EQUIPMENT, DEVICES OR TECHNOLOGY TO BE CONSIDERED BY THE HEALTH CARE FACILITIES' SAFE PATIENT HANDLING COMMITTEES, PURSUANT TO SUBDIVISION TWO OF SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-K OF THIS TITLE, AND THEIR USE BY A NURSE OR DIRECT CARE WORKER WHO IS ENGAGED IN PATIENT HANDLING;

(B) THE RATIO OF SUCH EQUIPMENT OR TECHNOLOGY BASED UPON THE TYPE OF FACILITY, THE NUMBER OF BEDS IN A FACILITY, THE NUMBER OF PATIENT-HANDLING TASKS, TYPES OF CARE UNITS, PATIENT POPULATIONS, AND PATIENT CARE AREAS;

(C) THE MINIMUM NUMBER OF DEVICES TO ENSURE THAT CURRENT ASSESSED HAZARDS ARE ELIMINATED OR MITIGATED;

(D) ESTABLISHING PROCEDURES FOR THE SUBMISSION AND REPORTING OF COMPLIANCE BY EACH HEALTH CARE FACILITY COVERED BY THIS TITLE;

(E) ESTABLISHING PROCEDURES FOR COMPLAINTS OR VIOLATIONS, INCLUDING THE FILING PROCESS, REVIEW, AND EVALUATION AND CORRECTIVE ACTION OF SUCH COMPLAINTS;

(F) PROCEDURES REGARDING THE MANAGEMENT OF CIRCUMSTANCES THAT MAY RESULT IN UNSAFE PATIENT HANDLING; AND

(G) APPROPRIATE UTILIZATION OF ENGINEERING CONTROLS, LIFTING AND TRANSFER AIDS OR ASSISTIVE DEVICES AS IT RELATES TO THE MOBILIZATION AND HANDLING NEEDS OF PATIENTS AND RESIDENTS, INCLUDING WHETHER USE OF SUCH DEVICES IS CONSISTENT WITH A PATIENT'S OR RESIDENT'S PLAN OF CARE OR TREATMENT.

3. EACH HEALTH CARE FACILITY SHALL FILE WITH THE DEPARTMENT BY JULY FIRST, TWO THOUSAND SIXTEEN A DETAILED PLAN TO COMPLY WITH THIS TITLE. THE DEPARTMENT SHALL ACCEPT SUCH PLAN BY JULY FIRST, TWO THOUSAND SEVENTEEN. HOWEVER, EFFECTIVE JULY FIRST, TWO THOUSAND SEVENTEEN, EACH FACILITY AS DEFINED IN SUBDIVISIONS TWO AND THREE OF SECTION TWENTY-EIGHT HUNDRED ONE OF THIS CHAPTER AND EACH FACILITY AS DEFINED IN ARTICLE TWENTY-EIGHT-A OF THIS CHAPTER SHALL KEEP ON FILE AT THE FACILITY A DETAILED PLAN TO COMPLY WITH THIS TITLE AND MAKE SUCH PLAN AVAILABLE AT THEIR ANNUAL DEPARTMENT SURVEY AND UPON REQUEST TO THE FACILITY SAFE PATIENT HANDLING COMMITTEE ESTABLISHED PURSUANT TO SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-K OF THIS TITLE.

4. GRANTS TO APPROVED ORGANIZATIONS. (A) THE COMMISSIONER SHALL MAKE GRANTS WITHIN THE AMOUNTS APPROPRIATED TO APPROVED ORGANIZATIONS FOR THE PROVISION OF SERVICES OR EQUIPMENT RELATING TO THE IMPLEMENTATION OF THE SAFE PATIENT HANDLING ACT. SUCH SERVICES AND EQUIPMENT SHALL INCLUDE BUT NOT BE LIMITED TO:

(I) TRAINING; AND

(II) MECHANICAL LIFTS.

(B) THE COMMISSIONER SHALL GIVE NOTICE AND PROVIDE OPPORTUNITY TO SUBMIT APPLICATIONS TO IMPLEMENT SAFE PATIENT HANDLING PROGRAMS. IN ORDER TO BE CONSIDERED FOR A GRANT TO IMPLEMENT A SAFE PATIENT HANDLING PROGRAM APPLICANTS MUST SHOW EVIDENCE OF THE FOLLOWING:

(I) FINANCIAL NEED;

(II) A PLAN APPROVED BY THE DEPARTMENT; AND

(III) PREVIOUS IMPLEMENTATION STRATEGIES.

APPLICATIONS SHALL BE MADE ON FORMS PROVIDED BY THE COMMISSIONER.

1 S 2997-K. HEALTH CARE FACILITY SAFE PATIENT HANDLING COMMITTEES. 1.  
2 EACH HEALTH CARE FACILITY SHALL ESTABLISH A SAFE PATIENT HANDLING  
3 COMMITTEE EITHER BY CREATING A NEW COMMITTEE OR ASSIGNING THE POWERS AND  
4 DUTIES TO AN EXISTING COMMITTEE. AT LEAST ONE-HALF OF THE MEMBERS OF  
5 THE SAFE PATIENT HANDLING COMMITTEE SHALL BE FRONTLINE NON-MANAGERIAL  
6 NURSES OR DIRECT CARE WORKERS. AT LEAST ONE NON-MANAGERIAL NURSE AND ONE  
7 NON-MANAGERIAL DIRECT CARE WORKER SHALL BE ON THE SAFE PATIENT HANDLING  
8 COMMITTEE. IN HEALTH CARE FACILITIES WHERE A RESIDENT COUNCIL IS ESTAB-  
9 LISHED, AND WHERE FEASIBLE, AT LEAST ONE MEMBER OF THE SAFE PATIENT  
10 HANDLING COMMITTEE SHALL BE A REPRESENTATIVE FROM THE RESIDENT COUNCIL.  
11 THE COMMITTEE SHALL HAVE TWO CO-CHAIRS WITH ONE FROM MANAGEMENT AND ONE  
12 FRONTLINE NON-MANAGERIAL NURSE OR DIRECT CARE WORKER.

13 2. THE SAFE PATIENT HANDLING COMMITTEE SHALL: (A) SET CRITERIA FOR  
14 EVALUATION OF PATIENTS AND/OR RESIDENTS TO DETERMINE WHICH LIFT AND/OR  
15 REPOSITIONING EQUIPMENT, DEVICES OR TECHNOLOGY ARE TO BE USED; AND FOR  
16 PERFORMANCE OF RISK ASSESSMENTS OF THE ENVIRONMENT, JOB TASKS AND  
17 PATIENT NEEDS;

18 (B) ESTABLISH PROCEDURES TO ENSURE LIFT AND/OR REPOSITIONING EQUIPMENT  
19 IS SET UP, USED AND MAINTAINED ACCORDING TO MANUFACTURER'S INSTRUCTIONS;

20 (C) PROVIDE INITIAL AND ON-GOING YEARLY TRAINING AND EDUCATION ON SAFE  
21 PATIENT HANDLING FOR CURRENT EMPLOYEES AND NEW HIRES, AND ESTABLISH  
22 PROCEDURES TO ENSURE THAT RETRAINING FOR THOSE FOUND TO BE DEFICIENT IS  
23 PROVIDED AS NEEDED;

24 (D) SET UP AND UTILIZE A PROCESS FOR INCIDENT INVESTIGATION AND POST-  
25 INVESTIGATION REVIEW WHICH MAY INCLUDE A PLAN OF CORRECTION AND IMPE-  
26 MENTATION OF CONTROLS;

27 (E) MAKE RECOMMENDATIONS FOR THE ACQUISITION OF EQUIPMENT OR PROCE-  
28 DURES BEYOND THE MINIMUM STATE RECOMMENDATIONS;

29 (F) PERFORM AN ANNUAL PROGRAM ASSESSMENT AND EVALUATION; AND

30 (G) APPROPRIATE UTILIZATION OF ENGINEERING CONTROLS, LIFTING AND  
31 TRANSFER AIDS OR ASSISTIVE DEVICES AS IT RELATES TO THE MOBILIZATION AND  
32 HANDLING NEEDS OF PATIENTS AND RESIDENTS, INCLUDING WHETHER USE OF SUCH  
33 DEVICES IS CONSISTENT WITH A PATIENT'S OR RESIDENT'S PLAN OF CARE OR  
34 TREATMENT.

35 S 2997-L. ENFORCEMENT. 1. ANY NURSE OR DIRECT CARE WORKER OR EMPLOYEE  
36 REPRESENTATIVE WHO BELIEVES THE HEALTH CARE FACILITY HAS NOT MET THE  
37 STANDARDS SET FORTH IN THIS TITLE SHALL BRING THE MATTER TO THE ATTEN-  
38 TION OF THE HEALTH CARE FACILITY IN THE FORM OF A WRITTEN NOTICE AND  
39 SHALL AFFORD THE HEALTH CARE FACILITY A REASONABLE OPPORTUNITY TO  
40 CORRECT SUCH DEFICIENCIES. SUCH WRITTEN NOTICE NEED NOT BE PROVIDED  
41 WHERE THE NURSE OR DIRECT CARE WORKER OR EMPLOYEE REPRESENTATIVE REASON-  
42 ABLY BELIEVES THAT THE FAILURE TO MEET STANDARDS OF THE FACILITY POLICY  
43 PRESENTS AN IMMINENT THREAT TO THE SAFETY OF A SPECIFIC NURSE OR DIRECT  
44 CARE WORKER, OR TO THE GENERAL HEALTH OF A SPECIFIC PATIENT; IN SUCH  
45 INSTANCE THE NURSE OR DIRECT CARE WORKER SHALL MAKE A GOOD FAITH EFFORT  
46 TO ENSURE PATIENT SAFETY AND BRING THE MATTER TO THE ATTENTION OF THE  
47 FACILITY AND THE DEPARTMENT IN THE MANNER SET FORTH IN THE FACILITY  
48 POLICY.

49 2. IN THE EVENT THAT THE HEALTH CARE FACILITY RECEIVING WRITTEN NOTICE  
50 PURSUANT TO SUBDIVISION ONE OF THIS SECTION DOES NOT TAKE CORRECTIVE  
51 ACTION WITHIN SIXTY DAYS, OR IN THE EVENT THAT NOTICE OF A FAILURE TO  
52 MEET STANDARDS IS NOT REQUIRED PURSUANT TO SUBDIVISION ONE OF THIS  
53 SECTION, A NURSE OR DIRECT CARE WORKER SHALL HAVE THE RIGHT TO REFUSE TO  
54 ENGAGE IN PATIENT HANDLING UNTIL THE HEALTH CARE FACILITY HAS ADEQUATELY  
55 ADDRESSED THE SPECIFIC FAILURE TO MEET STANDARDS. UPON REFUSAL, SUCH  
56 NURSE OR DIRECT CARE WORKER OR HIS OR HER REPRESENTATIVE SHALL FILE A

1 COMPLAINT TO THE DEPARTMENT IN THE MANNER SET FORTH IN THE STATEWIDE  
2 SAFE PATIENT HANDLING POLICY.

3 3. NO EMPLOYER SHALL TAKE RETALIATORY ACTION AGAINST ANY NURSE OR  
4 DIRECT CARE WORKER FOR RAISING CONCERNS OR ISSUES REGARDING SAFE PATIENT  
5 HANDLING, FILING A COMPLAINT OR REFUSING TO ENGAGE IN PATIENT HANDLING.

6 4. NURSES AND DIRECT CARE WORKERS, AS DEFINED IN SECTION TWENTY-NINE  
7 HUNDRED NINETY-SEVEN-H OF THIS TITLE SHALL BE CONSIDERED EMPLOYEES FOR  
8 THE PURPOSES OF SECTION SEVEN HUNDRED FORTY-ONE OF THE LABOR LAW.

9 5. THE DEPARTMENT AND THE DEPARTMENT OF LABOR SHALL PUBLISH AND MAKE  
10 PUBLIC WHICH HEALTH CARE FACILITIES ARE IN COMPLIANCE WITH THIS TITLE.

11 S 3. The education law is amended by adding a new section 6510-f to  
12 read as follows:

13 S 6510-F. FACILITY SAFE PATIENT HANDLING POLICY. THE REFUSAL OF A  
14 LICENSED OR UNLICENSED HEALTH CARE WORKER TO ENGAGE IN PATIENT HANDLING  
15 WHICH IS NOT CONSISTENT WITH THE FACILITY'S SAFE PATIENT HANDLING POLICY  
16 SHALL NOT BE CONSIDERED PROFESSIONAL MISCONDUCT AND SHALL NOT CONSTITUTE  
17 PATIENT ABANDONMENT OR NEGLECT. THE REFUSAL OF A LICENSED OR UNLICENSED  
18 HEALTH CARE WORKER TO ENGAGE IN PATIENT HANDLING SHALL NOT CONSTITUTE  
19 PATIENT ABANDONMENT OR NEGLECT IF SUCH WORKER HAS, IN A MANNER CONSIST-  
20 ENT WITH ARTICLE TWENTY-NINE-D OF THE PUBLIC HEALTH LAW AND THE RULES  
21 AND REGULATIONS PROMULGATED PURSUANT TO SUCH ARTICLE, REFUSED A PATIENT  
22 HANDLING ASSIGNMENT AND FILED A COMPLAINT WITH THE DEPARTMENT OF HEALTH.

23 S 4. This act shall take effect October 1, 2014.